

# Department of Health and Human Services Supported Employment Fidelity Response

<b>CMHC:</b>	<b>Center for Life Management</b>
<b>DHHS Response Date:</b>	<b>December 1, 2016 2<sup>nd</sup> response 1/24/17</b>

## Executive Summary:

Center for Life Management (*CLM*) provided a detailed Fidelity report. We appreciate the time and effort applied to the report, the many strengths in the SE program, as well as the overall efforts of CLM to provide high quality care to consumers with mental illness disabilities.

CLM has, overall, a fairly strong program. Please note that “Exemplary” is the term used in the Center’s self-fidelity summary, although CLM scored 113, consistent with “Good” fidelity. We also note that the number of consumers served that was noted on this report is not consistent with and substantially higher than the number of consumers served as measured by Phoenix encounter data.

There are a few areas on which DHHS would like CLM to focus; they are listed below.

A rating of “2” was given for Organization-1. It isn’t clear as to why this rating was made; more explanation is needed, with a proposed recommendation to improve this item, before DHHS can weigh in on this section.

Job development continues to be a challenge for the CLM SE team. DHHS appreciates the creativity in the idea of using interns to conduct job development and contact employers (Services-6 and 7), but disagrees with use of interns as a strategy to improve this component of the SE program. Because of the short-term nature of intern placements, it is unlikely that these newly trained and inexperienced staff would be able to develop successful job development relationships with employers. DHHS recommends that long term SE staff conduct this function of the SE program.

Please update the “Areas for further improvement” section of your summary to include specific, measurable targets, as well as timelines for quality improvement activities.

We commend the CLM SE team for their Good Fidelity SE service, and particularly for the strong relationship with Vocational Rehabilitation.

Please revise your report as requested above and resubmit to Michele Harlan at BMHS by December 16.

DHHS greatly appreciates the thorough review and updated responses submitted on December 15, 2016. Upon review we have determined that CLM is substantially in compliance with the purpose and intent of the self-fidelity process. We have updated the DHHS response herein accordingly.

CLM will begin to implement mechanisms for (Services 6) Job Development-Frequency of employer contact in

January 2017 as well as make this a standing item for SE Specialists supervision. An area in which there continues to be a difference of opinion is the use of interns for this area. High fidelity programs do not use interns for this capacity; CLM may decide to focus on other areas in which to achieve high fidelity and use interns as a creative way to address some workforce shortage issues.

CLM, upon further review and consultation, increased their scores in two areas: (Organization 1) “Integration of rehabilitation with mental health treatment through team assignment” from a 2 to a 5, and (Services 7) “Job development-Quality of employer contact” from a 2 to a 4. These increases bring their overall score from a 113 “Good Fidelity” rating to 118 “Exemplary Fidelity”. DHHS congratulates CLM for this rating and agrees with the Plan in Areas of Focus.

This CMHC self-review resulted in a Fidelity rating of: Good *Updated to Exemplary* Fidelity

Out of a possible 125 points the CMHC reported a score of: 113 *Updated to 118*

Improvement Plan Required: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	No Further Action Needed.	Resubmit: Address items: O-1, S-6, S-7
<b>Score Range</b>	<b>Fidelity Level</b>	
<i>115 – 125</i>	<i>Exemplary Fidelity</i>	
<i>100 – 114</i>	<i>Good Fidelity</i>	
<i>74 – 99</i>	<i>Fair Fidelity</i>	
<i>73 and below</i>	<i>Not Supported Employment</i>	

## Staffing

### 1. Caseload Size

Employment specialists have individual employment caseloads. The maximum caseload for any full-time employment specialist is 20 or fewer clients.	<b>Rating = 4 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>

### 2. Vocational Services Staff

Employment specialists provide only employment services.	<b>Rating = 5 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>

### 3. Vocational Generalists

Each employment specialist carries out all phases of employment services, including intake, engagement, assessment, job placement, job coaching, and follow along supports before step down to a less intensive employment support from another MH practitioner.	<b>Rating = 5 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>

## Organization

### 1. Integration of rehabilitation with mental health treatment through team assignment.

Employment specialists are part of up to 2 mental health treatment teams from which at least 90% of the employment specialist's caseload is comprised.	<b>Rating = Updated score now a 5 out of 5</b>
DHHS Response:	<b>It is not clear why a rating of "2" was given; need to further elaborate in the self-fidelity report as to why this was rated a "2" before BMHS can give feedback regarding this item.</b>  <b>CLM consulted with BMHS regarding the definition of "team"; based on the information provided about the structure of their CSP and ACT teams, and the various processes for communication between SE Specialists and the CMHC providers, the score of "5" is warranted and therefore is considered to be an acceptable response.</b>

## 2. Integration of rehabilitation with mental health treatment through frequent team contact.

Employment specialists actively participate in weekly mental health treatment team meetings (not replaced by administrative meetings) that discuss individual clients and their employment goals with shared decision-making. Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and employment services are integrated in a single client chart. Employment specialists help the team think about employment for people who haven't yet been referred to supported employment services.		<b>Rating = 4 out of 5</b>
✓ if applicable <input type="checkbox"/>	Employment specialist attends weekly mental health treatment team meetings.	
✓ if applicable <input type="checkbox"/>	Employment specialist participates actively in treatment team meetings with shared decision-making.	
✓ if applicable <input type="checkbox"/>	Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into client's mental health treatment record.	
✓ if applicable <input type="checkbox"/>	Employment specialist's office is in close proximity to (or shared with) his or her mental health treatment team members.	
✓ if applicable <input type="checkbox"/>	Employment specialist helps the team think about employment for people who haven't yet been referred to supported employment services.	
DHHS Response:	<b>Acceptable recommendation</b>	

## 3. Collaboration between employment specialists and Vocational Rehabilitation.

Employment specialists and VR counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals.		<b>Rating = 5 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>	

## 4. Vocational Unit.

At least 2 full-time employment specialists and a team leader comprise the employment unit. They have weekly client-based group supervision based on the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed.		<b>Rating = 5 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>	

## 5. Role of employment supervisor.

Supported employment unit is led by a supported employment team leader. Employment specialists' skills are developed and improved through outcome-based supervision. All five key roles of the employment supervisor are present.		<b>Rating = 5 out of 5</b>
✓ if applicable <input type="checkbox"/>	One full-time supervisor is responsible for no more than 10 employment specialists. The supervisor does not have other supervisory responsibilities. (Program leaders supervising fewer than 10 employment specialists may spend a percentage of time on other supervisor activities on a prorated basis.)	
✓ if applicable <input type="checkbox"/>	Supervisor conducts weekly supported employment supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives.	
✓ if applicable <input type="checkbox"/>	Supervisor communicates with mental health treatment team leaders to ensure that services are integrated, to problem solve programmatic issues and to be a champion for the value of work. Attends a meeting for each mental health treatment team on a quarterly basis.	
✓ if applicable <input type="checkbox"/>	Supervisor accompanies employment specialists who are new or having difficulty with job development, in the field monthly to improve skills by observing, modeling and giving feedback on skills, e.g., meeting employers for job development.	
✓ if applicable <input type="checkbox"/>	Supervisor reviews current client outcomes with employment specialists and sets goals to improve program performance at least quarterly.	
DHHS Response:		<b>Acceptable recommendation</b>

## 6. Zero exclusion criteria

All clients interested in working have access to supported employment services regardless of job readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and personal presentation. These apply during supported employment services, too. Employment specialists offer to help with another job when one has ended regardless of the reason that the job ended or the number of jobs held. If VR has screening criteria, the mental health agency does not use them to exclude anybody. Clients are not screened out formally or informally.		<b>Rating = 5 out of 5</b>
DHHS Response:		<b>Acceptable recommendation</b>

## 7. Agency focus on competitive employment.

Agency promotes work through multiple strategies. Agency intake includes questions about interest in competitive employment. Agency displays written postings (e.g., brochures, bulletin boards, posters) about employment and supported employment services. The focus should be with the agency programs that provide services to adults with severe mental illness. Agency supports ways for clients to share work stories with other clients and staff. Agency measures rate of competitive employment and shares this information with agency leaders and staff.		<b>Rating = 5 out of 5</b>
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✓ if applicable <input type="checkbox"/>	Agency intake includes questions about interest in employment
✓ if applicable <input type="checkbox"/>	Agency includes questions about interest in employment on all annual (or semi-annual) assessment or treatment plan reviews.
✓ if applicable <input type="checkbox"/>	Agency displays written postings (e.g., brochures, bulletin boards, posters) about working and supported employment services, in lobby and other waiting areas
✓ if applicable <input type="checkbox"/>	Agency supports ways for clients to share work stories with other clients and staff (e.g., agency-wide employment recognition events, in-service training, peer support groups, agency newsletter articles, invited speakers at client treatment groups, etc.) at least twice a year.
✓ if applicable <input type="checkbox"/>	Agency measures rate of competitive employment on at least a quarterly basis and shares outcomes with agency leadership and staff.
DHHS Response:	<b>Acceptable recommendation</b>

## 8. Executive Team Support for Supported Employment

Agency executive team members (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical director, Medical Director, Human Resource Director) assist with supported employment implementation and sustainability. All five key components of executive team are present.		<b>Rating = 5 out of 5</b>
✓ if applicable <input type="checkbox"/>	Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based supported employment.	
✓ if applicable <input type="checkbox"/>	Agency QA process includes an explicit review of the IPS SE program, or components of the program, at least every 6 months through the use of the Supported Employment Fidelity Scale, or until achieving high fidelity, and at least yearly thereafter. Agency QA process uses the results of the fidelity assessment to improve IPS SE implementation and sustainability.	
if applicable <input type="checkbox"/>	At least one member of the executive team actively participates at IPS SE leadership team (steering committee) meetings that occur at least every six months for high fidelity programs and at least quarterly for programs that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services.	
if applicable <input type="checkbox"/>	The agency CEO/Executive Director communicates how IPS SE services support the mission of the agency and articulates clear and specific goals for SE and/or competitive employment to all agency staff during the first six months and at least annually (i.e., SE kickoff, all-agency meetings, agency newsletters, etc.). This item is not delegated to another administrator.	
✓ if applicable <input type="checkbox"/>	SE program leader shares information about EBP barriers and facilitators with the executive team (including the CEO) at least twice each year. The executive team helps the program leader identify and implement solutions to barriers.	
DHHS Response:	<b>Acceptable recommendation</b>	

## Services

### 1. Work incentives planning

<p>All clients are offered assistance in obtaining comprehensive individualized work incentives planning (benefits planning) before starting a new job and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes SSA benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent children benefits, past job retirement benefits and any other source of income. Clients are provided information and assistance about reporting earnings to SSA, housing programs, VA programs, etc., depending on the person's benefits</p>	<b>Rating = 5 out of 5</b>
<p>DHHS Response:</p>	<p><b>Acceptable recommendation</b></p>

### 2. Disclosure

<p>Employment specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability.</p>	<b>Rating = 5 out of 5</b>
<p>✓ if applicable <input type="checkbox"/></p>	<p>Employment specialists do not require all clients to disclose their psychiatric disability at the work site in order to receive services.</p>
<p>✓ if applicable <input type="checkbox"/></p>	<p>Employment specialists offer to discuss with clients the possible costs and benefits (pros and cons) of disclosure at the work site in advance of clients disclosing at the work site.</p>
<p>✓ if applicable <input type="checkbox"/></p>	<p>Employment specialists describe how disclosure relates to requesting accommodations and the employment specialist's role communicating with the employer.</p>
<p>✓ if applicable <input type="checkbox"/></p>	<p>Employment specialists discuss specific information to be disclosed (e.g., disclose receiving mental health treatment, or presence of a psychiatric disability, or difficulty with anxiety, etc.) and offers examples of what could be said to employers.</p>
<p>✓ if applicable <input type="checkbox"/></p>	<p>Employment specialists discuss disclosure on more than one occasion (e.g., if clients have not found employment after 2 months or if clients report difficulties on the job).</p>
<p>DHHS Response:</p>	<p><b>Acceptable recommendation</b></p>

### 3. Ongoing, work-based vocational assessment

Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. is filed in the client's clinical chart and is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include client, treatment team, clinical records, and with the client's permission, from family members and previous employers.	<b>Rating = 5 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>

### 4. Rapid search for competitive job.

Initial employment assessment and first face-to-face employer contact by the client or the employment specialist about a competitive job occurs within 30 days (one month) after program entry.	<b>Rating = 5 out of 5</b>
DHHS Response:	<b>Acceptable recommendation.</b>

### 5. Individualized job search

Employment specialists make employer contacts are aimed at making a good job match based on clients' preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptomatology, health, etc.) rather than the job market (i.e., those jobs that are readily available). An individualized job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences.	<b>Rating = 5 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>



## 6. Job development-Frequent employer contact

<p>Each employment specialist makes at least 6 face-to-face employer contacts per week on behalf of clients looking for work. (Rate for each then calculate average and use the closest scale point.) An employer contact is counted even when an employment specialist meets an employer twice in one week, and when the client is present or not present. Client specific and generic contacts are included. Employment specialists use a weekly tracking form to document employer contacts and the form is reviewed by the supervisor on a weekly basis.</p>	<p><b>Rating = 2 out of 5</b></p>
<p>DHHS Response:</p>	<p><b>DHHS supports the development of a mechanism to regularly track contacts. It appears as though a form is to be developed to track this activity. A time frame for this form to be developed, with an estimated implementation date, is needed. DHHS has some concerns regarding the creative exploration of using interns to work in the area of job development. The main concern with the use of interns is the inherent turn-over in using interns. Relationships with employers need to have continuity that is developed over time.</b></p> <p><b>DHHS applauds the use of a non-billable progress note to code face-to-face employer contacts to begin in January 2017, in addition to this being a standard item for SE weekly supervision. DHHS appreciates the workforce shortage facing CLM and is impressed with the supervision and support provided to interns in the CMHC. However, using interns for this aspect is not part of a High Fidelity program. This may be an area in which the CMHC decides to accept a lower fidelity rating and focus on other areas.</b></p>

## 7. Job development-Quality of employer contact

<p>Employment specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, and describe client's strengths that are a good match for the employer.</p>	<p><b>Rating = Updated score now 4 out of 5</b></p>
<p>DHHS Response:</p>	<p><b>DHHS repeats the caveat regarding the use of interns or other temporary staff.</b></p> <p><b>DHHS' concerns about the use of interns and high fidelity programs remains.</b></p> <p><b>It would appear that CLM performed an updated review on this item following the receipt of DHHS' response. Quality job development is now something that is documented in consumer progress notes. The experience of one employer, along with quotes to substantiate the rating, justifies the updated score.</b></p> <p><b>Acceptable recommendation.</b></p>

## 8. Diversity of jobs developed.

Employment specialists assist clients in obtaining different types of jobs.	<b>Rating = 4 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>

## 9. Diversity of employers.

Employment specialists assist clients in obtaining jobs with different employers.	<b>Rating = 5 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>

## 10. Competitive jobs.

Employment specialists provide competitive jobs options that have permanent status rather than temporary or time-limited status, (e.g., transitional employment positions). Competitive jobs pay at least minimum wage, are jobs that anyone can apply for and are not set aside for people with disabilities. (Seasonal jobs and jobs from temporary agencies that other community members use are counted as competitive jobs.)	<b>Rating = 5 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>

## 11. Individualized follow-along supports

Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Supports are provided by a variety of people including treatment team members (i.e., medication changes, social skills training, encouragement), family, friends, co-workers (i.e., natural supports) and employment specialist. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. Employment specialists offer help with career development, i.e., assistance with education, a more desirable job, or more preferred job duties.	<b>Rating = 5 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>

## 12.Follow-along supports – Time unlimited

Employment Specialists have face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily and desired by clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. Employment specialists contact clients within 3 days of learning about a job loss.	<b>Rating = 5 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>

## 13.Community-based services

Employment services such as engagement, job finding and follow-along supports are provided in natural community settings by all employment specialists. (Rate each employment specialist based upon their total weekly scheduled work hours then calculate the average and use the closest scale point.).	<b>Rating = 5 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>

## 14.Assertive engagement and outreach by integrated team.

Service termination is not based on missed appointments or fixed time limits. Systematic documentation of outreach attempts. Engagement and outreach attempts made by integrated team members. Multiple home/community visits. Coordinated visits by employment specialist with integrated team member. Connect with family, when applicable. Once it is clear that the client no longer wants to work or continue in SE services, the team stops outreach.	<b>Rating = 5 out of 5</b>
DHHS Response:	<b>Acceptable recommendation</b>